

**RECEIVED
CENTRAL FAX CENTER**

SEP 10 2004

Atty. Dkt. No. SALK1650-6
(088802-2758)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Marc. R. Montminy

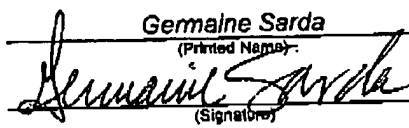
Title: METHODS FOR TREATING
DIABETES MELLITUS

Appl. No.: 10/628,957

Filing Date: 07/28/2003

Examiner: Lucas, Zachariah

Art Unit: 1648

| | |
|---|-------------------|
| CERTIFICATE OF FACSIMILE TRANSMISSION | |
| I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. | |
| Germaine Sarda | (Printed Name) |
|  | (Signature) |
| September 10, 2004 | (Date of Deposit) |

RESPONSE TO A RESTRICTION REQUIREMENTCommissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

This communication is responsive to the restriction requirement dated August 10, 2004, concerning the above-referenced patent application.

The claims have been restricted into three (3) groups. Applicant respectfully disagrees in-part with the basis for the restriction as discussed below. Applicant nevertheless hereby elects for examination Group I, claims 1-8, subject to the response below.

Applicant respectfully requests the Examiner to reconsider the restriction and to examine the claims of Group I to III together. Restriction is appropriate if two or more independent and distinct inventions are claimed in one application (35 U.S.C. §121); however, even if inventions are determined to be independent or distinct, restriction should not be made if examination can be performed without a "serious burden" on the examiner (MPEP §803). It is respectfully submitted that there would be no "serious burden" on the Examiner to examine all three Groups together.

Atty. Dkt. No. SALK1650-6
(088802-2758)

In sum, the Examiner is respectfully requested to reconsider the restriction and to examine the claims of Group I to III together.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 CFR §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Respectfully submitted,

Date September 10, 2004By Barry S. Wilson

FOLEY & LARDNER
Customer Number: 30542
Telephone: (858) 847-6722
Facsimile: (858) 792-6773

Barry S. Wilson
Attorney for Applicant
Registration No. 39,431

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.